

Arizona State Retirement System
Non-Medicare PPO Medical Plan
2009/2010 Plan Comparisons

Plan Provisions	PPO (effective thru Dec. 31, 2009)		Choice Plus (effective Jan. 1, 2010)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$500 individual \$1,000 family		\$500 individual \$1,000 family	\$500 individual \$1,000 family
Out-of-pocket/Coinsurance Maximum	\$2,000 individual \$4,000 family (excluding deductibles and copays)	\$6,000 individual \$12,000 family (excluding deductibles and Rx copays)	\$2,000 individual \$4,000 family (excluding deductibles and copays)	\$6,000 individual \$12,000 family (excluding deductibles and Rx copays)
Maximum Lifetime Benefit	\$2,000,000		\$5,000,000	
Outpatient Benefits				
PCP Office Visit	100% after \$15	60% *	100% after \$15	60% *
Specialist Office Visit	100% after \$15	60% *	100% after \$15	60% *
Routine Office Physical	100% after \$15	60% *	100% after \$15	60% *
Examinations/Immunizations	100% after \$15	60% *	100% after \$15	60% *
Vision Exam	Not covered	Not covered	\$15 Copy / 1 exam every 2 years	Not covered
Hearing Exam	Not covered	Not covered	Not covered	Not covered
Outpatient Mental Health	80% *	60% *	\$15 copay / 20 visit limit	60% * / 20 visit limit
Outpatient Hospital Services	80% *	\$250 per visit deductible; then 60% *	80% *	60% *
Outpatient Standard X-rays	80% *	60% *	100% *	60% *
Outpatient Specialized Scans	80% *	60% *	80% *	60% *
Outpatient Lab Tests	80% *	60% *	100% *	60% *
Durable Medical Equipment	80% *	60% *	80% *	60% *
Prosthetic Devices	80% *	60% *	80% *	60% *
Skilled Nursing Facility	80% *	60% *	80% *	60% *
Home Health Care	80% *	60% *	80% *	60% *
Physical, Speech & Occupational Therapy	80% *	60% *	\$15 copay / 20 visit limit	60% *
Inpatient Benefits				
Inpatient Hospital Expenses	80% *	\$500 admission deductible; then 60% *	80% *	60% *
Inpatient Mental Health	80% *	\$500 admission deductible; then 60% *	80% *	60% *
Prescription Benefits				
Generic/Brand	\$20/\$40 copay	\$20/\$40 copay	\$20/\$40 copay	\$20/\$40 copay
Mail Order (90-day supply)	\$40/\$80 copay	\$40/\$80 copay	\$40/\$80 copay	\$40/\$80 copay
Other Benefits				
Emergency Room	\$75 deductible (waived if admitted)	\$75 deductible (waived if admitted)	100% after \$75 copay	100% after \$75 copay
Urgent Care Facility	80% *	60% *	100% after \$40 copay	60% *
Ambulance	70% *	70% *	80% *	80% *
Vision Benefits				
Lenses and Frames	Not covered	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered	Not covered
Premium: Maricopa,Pima, Pinal All other counties	\$600 / \$1200 \$420 / \$840		\$662 / \$1324 \$448 / \$896	

*Subject to Calendar Year Deductible

Yellow highlight indicates a change from 2009 plan